New York State Health Insurance Program (NYSHIP) - Required Proofs

The information below outlines the documentation that must be collected as proof of eligibility before enrolling in NYSHIP for medical, dental and vision:

Eligible Employees (Proofs)

- 1. Copy of Birth Certificate
- 2. Copy of Social Security Card

Eligible Employee's Dependents (Proofs)

Spouse	Domestic Partner	Dependent Children (Employee's Natural, Adopted, or Step-Child) (eligible through age 26)	Employee's Other** Children (e.g., Grandchild) (eligible through age 26)
1.Copy of Birth Certificate	Copy of Birth Certificate	Copy of Birth Certificate	Copy of Birth Certificate
2.Social Security Number*	2. Social Security Number*	2. Social Security Number*	2. Social Security Number*
3.Copy of Marriage Certificate (if marriage took place more than one year ago, see #4 below)	Completed PS-425 Domestic Partner application and other required proofs as listed in the application.	3. Proof of full-time student status required for age 19 - 25 (for dental	A completed PS- 457 Statement of Dependence and required proofs
4. For marriage that took place more than one year ago, in addition to #3 above, proof of current joint ownership/joint financial obligation is required (e.g., prior year's tax return, bank account statement, a current mortgage statement or homeowner's policy. This proof must contain the names of the enrollee and the spouse.		and vision only)	

^{*}You do not need to provide a copy of your dependents' Social Security Card. For federal reporting purposes, however, you must provide your dependents' Social Security Number (provide this information under Section 10 on the PS-404 form).

For Disabled Dependents Age 26 or older: Complete a Statement of Disability PS-451.

<u>For Military Extension</u>: Dependent children who served in the military from age 19 to 25, may be eligible for an extension of coverage. A copy of DD-214 and proof of full-time student status is required. Please see the NYSHIP General Information Book for more details, or contact the HR office at (518) 485-5044 or hrhb@troopers.ny.gov

Send Proofs with Completed PS-404 to HR office at hrhb@troopers.ny.gov

Contact HR office at (518) 485-5044 if you have questions.

^{**}An 'Other' child is defined as any child other than your own child, adopted, or stepchild, or the child of your domestic partner. For such a dependent to be eligible, the child must reside permanently in your home, and receive more than 50 percent of his or her support from you.